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BOROUGH OF CHESTERFIELD.



ANNUAL REPORT

OF THE

School Medical Officer,

For the Year, 1940.

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.,
SCHOOL MEDICAL OFFICER.

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BOROUGH OF CHESTERFIELD.

Education Committee, 1940-41.

THE MAYOR (Alderman W. Wicks, J.P.)

Chairman :

ALDERMAN H. CROPPER, J.P.

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COUNCILLOR J. P. DAVIE, M.D.

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Mr. C. MIDDLETON, B.Sc.
Mr. THEO. PEARSON.
MISS K. RICH, B.A.
MRS. H. P. SHORT.
Mr. J. L. SMEALL, M.A.

Staff of the School Medical Service

School Medical Officer and Medical Officer of Health :

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.

Assistant School Medical Officers and Assistant Medical Officers of Health :

J. R. BYARS, M.B., Ch.B., D.P.H.

BELL C. MACKAY, M.B., Ch.B., D.P.H.

Ophthalmic Surgeon :

WM. M. MUIRHEAD, M.B., Ch.B., D.O.M.S., R.C.P.S.

Orthopaedic Surgeon (Part-time) :

ELIZABETH GRIERSON, M.B., Ch.B.

School Dental Officer :

A. ROYDEN LITTLAR, L.D.S.

Assistant School Dental Officer :

ALLEN WM. SMITH, L.D.S.

Speech Therapist (Part-time) :

RANDAL KEANE, M.A., A.S.S.T.

School Nurses and Health Visitors :

MRS. E. A. JOHNSON.

MISS O. M. PARKER.

MISS E. E. PASSEY.

MISS F. SMITH.

MISS R. HANCOCK.

MISS A. PARKINSON.

MISS F. JONES.

Orthopaedic Nurse (Part-time) :

MISS E. TAYLOR.

Clerical Staff :

G. S. BROWN.

MISS E. M. ELLIOTT.

MISS N. GILL.

MISS E. REYNOLDS.

MISS A. PIKE.

MISS B. FISHER.

Staff of the Children's Centre.

Psychiatrist :

HUGH S. BRYAN, M.R.C.S., L.R.C.P.

Psychologist :

MR. N. E. WHILDE.

Play Therapist :

MISS P. M. TRAILL, M.A.

REPORT FOR 1940.

*To the Chairman and Members of the Education Committee
of the Borough of Chesterfield.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour, as School Medical Officer, to submit my twelfth Annual Report on the School Medical Inspection and Treatment of school children in the Borough during the year ended 31st December, 1940.

In accordance with the recommendations of the Board of Education the Report is confined to a short statement of salient facts and it will be seen that the Board has made further reductions in the Statistical Tables.

I am glad to report that, notwithstanding war conditions, the School Medical Service has worked to full capacity during the year, and I wish to take this opportunity of expressing my appreciation of the services of Dr. Byars, Dr. Mackay, the School Nurses and the Clerical Staff of the School Clinic.

I wish also to express my grateful thanks to you, Ladies and Gentlemen, for your continued support and for the deep interest you have shown at all times in the work of caring for the health and welfare of the school children of this Borough.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. A. STIRLING,

School Medical Officer.

STAFF.

Mr. A. W. Smith, the Assistant School Dental Officer, joined the Royal Army Dental Corps in August, 1940, and Mrs. Rooth was appointed temporarily to this position.

Miss C. H. Moore, School Nurse, resigned at the end of 1939, and Miss Jones was appointed in her place.

MEDICAL, DENTAL AND CLEANLINESS INSPECTIONS.

The general arrangements for Medical and Dental inspections remain as in previous years. Particulars of Medical Inspections will be found in Table 1, and of Dental Inspections and treatment in Table IV.

The schools were visited at frequent intervals during the year by the School Nurses, and the children were inspected for the presence of verminous or unhealthy conditions. Unsatisfactory cases were subsequently followed up by the Nurses. 30,732 examinations of children were made during the year, and 704 individual children were found unclean. The number of unclean children has increased somewhat from previous years and is mainly due, I think, to increased overcrowding through the influx of mothers and children from danger areas, for although Chesterfield is not a reception area the number of unofficial evacuees is quite considerable and is increasing. The difficulty is that nothing is known of the presence of these families until the children are found in school or the householder applies for a billeting allowance and, of course, there must be many families where there are no children of school age.

The fact of the school nurses being also health visitors has brought many cases to light and they are now paying increasing visits to the schools and the homes of the people. This, together with other sources of information, will, I trust, prevent any further increase in uncleanliness.

FOLLOWING UP.

The following is a summary of the work of the school nurses during the year.

(1) Visits to Schools	...	...	...	1439
(a) For Infectious Disease	...	...	...	—
(b) Other Visits	...	...	...	1295
(c) For Verminous Surveys	...	...	...	144
(2) Visits to Homes of School Children				699

Reason of Visit.	No. of Visits.
Verminous Children	64
Scabies	10
Ringworm	1
Eye Diseases and Eye Defects ...	132
Enlarged Tonsils and Adenoids ...	122
Other Medical Defects	294
Infectious Disease	31
Other Visits and Re-visits	45

MEDICAL TREATMENT.

There has been no addition to, or curtailment of the arrangements for the various forms of treatment during the year.

2,357 children made 9,878 attendances at the Minor Ailments Clinics during the year, as compared with figures of 2,122 and 8,552 for the year 1939. Scabies and Impetigo were rather prevalent during the year, but the number of cases did not reach alarming proportions. The increase in the prevalence of Scabies is no doubt due to the conditions I have outlined above in connection with uncleanness.

The following table shows the complaints for which the children were treated :

Skin Diseases :—

Scabies	215
Impetigo	194
Ringworm (Scalp)	14
Ringworm (Body)	8
Other Skin Diseases	153

Eye Diseases :—

Blepharitis	18
Conjunctivitis	25
Corneal Ulcer	1
Other Eye Diseases	112

Ear Diseases :—

Otorrhoea	54
Wax	20
Other Ear Diseases	55

Diseases of the Nose and Throat :—

Enlarged Tonsils and Adenoids ...	71
Other Conditions	140
Vermineous Heads and Bodies	78
Septic Sores and Abrasions	1284
General Examinations	183
Dental Diseases	35
All other Diseases	537

VISION.

The following is a summary of the work of the Ophthalmic Clinic during the year :

Number of attendances	2276
Number of new cases who attended and were tested under atropine	218
Number of new cases who attended and were tested without atropine	38
Number of prescriptions given for glasses ...	152
Number who obtained glasses	136
Number who required no glasses	68
Number found wearing correct glasses ...	2
Number of cases referred to Hospital	9
Number of cases in which treatment was not completed	23
Number of cases who have left town and school	—
Number of old cases who attended and were re-examined under atropine	209
Number of old cases who attended and were re-examined without atropine	422
Number of old cases in which new glasses were ordered after re-testing	183
Number of old cases who obtained glasses ...	161
Number of cases for whom glasses were prescribed in 1939 and did not obtain them until 1940	22
Number of cases in which prescriptions were repeated in respect of broken glasses ...	12
Number of necessitous cases for whom glasses were obtained by the Local Authority :—	
Free	1
Part Payment	58
Full Payment	262
Number of cases referred to Ophthalmic Surgeon from the Minor Ailments Clinics during the year	46

ORTHOPAEDICS.

During the year, 909 attendances have been made at the Orthopaedic Clinic and the classification of the patients on the register is as follows:—

Tuberculosis Bones and Joints	...	...	6
Infantile Paralysis	...	...	13
Congenital deformities	...	...	18
Rickets	...	...	12
Flat Feet	...	...	52
Postural Deformities	...	...	23
Miscellaneous	...	...	21
Spastic Conditions	...	...	2
TOTAL			147

SPEECH THERAPY.

The number of children who were treated by the Speech Therapist for stammering and speech defects during 1940 was 115.

PROVISION OF MEALS.

Periodical surveys of the school children of the Borough have been made during the year and it has been found that the nutritional standard of the children is good and there has been no noticeable deterioration in the general nutritional standard due to war conditions. Milk meals have been provided to school children during the year in accordance with the Education Committee's Scale. In all 60,677 milk meals were provided, of these 50,378 were provided free to the children. The number of meals provided is much less than last year and this is mainly due to the acute shortage of milk during the year.

Apart from the Committee's Scheme, a voluntary scheme is in operation in the schools by which children can have a daily ration of $\frac{1}{3}$ pint of milk at a cost of a half-penny. Unfortunately, very few children have been able to benefit by this scheme owing to the shortage.

As the lack of supplies became more acute towards the end of the year, the effect of this had not become noticeable during the year under review, but I have no doubt that unless supplies become better, the condition of the school children will certainly deteriorate, the more so when children will have been receiving their milk regularly under the National Milk Scheme before they commence school.

THE CHILDREN'S CENTRE, BRAMBLING HOUSE.

OPEN AIR SCHOOL.

This School, which was opened in April, 1939, continued to restore to full health the delicate children of the Borough. The splendid surroundings and the well-balanced meals provided, worked wonders with the children and there is no doubt that the provision of this school has proved to be of great value both from an educational and medical point of view.

I am indebted to Dr. H. G. Bryan, the Psychiatrist, for the following report on the work of the Children's Centre.

In spite of the War, the work of the Children's Centre has proceeded normally during the past year. Apart from travelling difficulties with regard to cases coming from a distance, we have been very little affected by the War; and while we have seen cases whose symptoms were largely attributable to war-time conditions—such as evacuation—we have not so far been called upon to deal with any real war-neuroses amongst children; and few—if any—of our existing cases have been seriously affected by air raids.

It will be noted in the accompanying tables that 151 children have been referred to the Centre since its inception. In 34 cases, treatment has been completed with the very satisfactory results shown. Ten children were found to be unsuitable for treatment, in most cases because they proved on examination to be feeble-minded. Thirteen cases, though referred, never came to the Centre; seven cases left the neighbourhood before treatment was completed; and in 18 cases the parents have failed to co-operate or have discontinued treatment.

When the Centre first started, there was considerable misconception as to its purpose and the type of child it was proposed to deal with. Several parents refused to bring their children because we were unable to convince them that the Centre was not for the treatment of mental defectives. Others did not remain long enough to gain appreciation of our aims and methods, but as the months have gone by there has been a noticeable diminution in the number of unco-operative parents, and we now find that the great majority cheerfully suffer the inconvenience of frequent journeys to Brambling House, are most anxious to co-operate with us in the treatment of their children, and are most appreciative of what we are able to do.

An interesting fact which has emerged from our statistics is that the average intelligence quotient of the children treated works out at exactly 100—irrefutable evidence, if any were needed, that we do not deal with mental defectives. Another point of considerable interest is that only 20 of our cases came into the category of "dull" children: i.e. children with an intelligence quotient between 70 and 90. It has usually been found that this class of children produces a higher percentage of behaviour disorders, and in particular delinquencies, than any other. This has generally been attributed to the fact that these children are liable to suffer from discouragement and humiliation as a result of their scholastic failure, particularly when they are required to compete in class with children of normal or superior intelligence. The fact that we have been called upon to deal with behaviour disorders in such a comparatively small number of dull children suggests that the reorganisation of the educational system in Chesterfield, and the special measures taken to cope with the problem of the dull child, have had a most beneficial effect.

It will be noted that 12 types of treatment are available at the Centre—psychiatric interview, educational help, play therapy, admission to the Open Air School, or a combination of any of these. Where intellectual, emotional and physical factors are so often combined in the production of behaviour disorders, it is of great value to be able to approach a case from several directions. Admission to the Open Air School not only secures an improvement in the child's physical condition, and makes him easily available for treatment when required, but also enables observation to be kept on him at work and play, and through the co-operation of the school staff enables special measures to be taken to deal with emotional or educational difficulties.

A behaviour disorder, no matter what form it takes, is almost invariably a reaction of the child to its environment. In dealing with the case, two courses are open: one may attempt to modify the environment or even change it; one may treat the child directly, and through play therapy endeavour to discover what his emotional difficulties really are and enable him to rid himself of them. The former course is often the simpler and the swifter, but though the results are apparently good, one has not necessarily solved the child's personal problem. In many cases, one may have only postponed the trouble instead of removing it. In a war-time world in which environments are liable to deteriorate rather than improve and when in any case it may be difficult, if not impossible, to modify them; the wiser course—if the longer and

more difficult is obviously to concentrate upon the child, and endeavour to produce a stable individual capable of considerable adjustment even to the most unsatisfactory of environments. This is the course which we pursue whenever possible at the Children's Centre.

CHILDREN REFERRED IN 1940.

Symptoms for which referred :

	No. of		No. of
<i>Nervous Disorders :</i>	<i>cases.</i>	<i>Behaviour disorders :</i>	<i>cases.</i>
Shyness	1	Aggressiveness	2
Night terrors	4	Difficult to control	4
Sleepwalking	1	Sex difficulties	1
Nervousness	4	Stealing	15
Irritability	2	Running away from	
Unstability	5	home	1
<i>Bodily Disorders :</i>		Indecent behaviour—	
Enuresis	23	likes to be thrashed	1
Fits	2		
Eczema and Asthma...	1	<i>Educational difficulties :</i>	5
Habit Spasm	5		
Stammer	2	Vocational guidance	1
Lassitude and loss of			
memory	1		
Fainting	2	NOTE—Where children have	
Depraved appetite	1	been referred for more than	
Lack of appetite	1	one symptom, all are in-	
Insomnia	1	cluded.	

NUMBER OF CASES REFERRED DURING YEARS 1939 and 1940—151.

Abortive Cases 1939 and 1940 :

Unsuitable	10
Parents unco-operative	12
Uneventuated	13
Left Neighbourhood	7
	42
Number of Cases Treated during 1939	
and 1940	103
Waiting List	6
	109
Total	151

Results of Cases Treated :

(a) Completed Cases :

Satisfactory	...	...	...	25	
Much Improved	...	...	...	6	
Some improvement	...	...	...	2	
No improvement	...	...	...	1	
Relapse	...	...	...	1	
					35
(b) Unco-operative after some Treatment	...				6
(c) Left neighbourhood after some Treatment	...				2
(d) Investigation and Report only	...	...			7
(e) Still under Treatment	...	...	...		53
				Total	103

TYPES OF TREATMENT, 1939-40.

	No. of Cases.
1. Psychiatric interview	19
2. Psychiatric interview and educational help	2
3. Psychiatric interview and play therapy	2
4. Psychiatric interview and Open Air School	1
5. Psychiatric interview, Play Therapy and Open Air School	2
6. Psychiatric interview, educational help, Open Air School	1
7. Play Therapy only	33
8. Play Therapy and Educational help	3
9. Play Therapy and Open Air School	25
10. Play Therapy and Educational help, and Open Air School	4
11. Educational help only	2
12. Open Air School only	2
13. Investigations with reports, only	7
	103
Reports for Magistrates	8
Reports to Medical Officer of Health and Education Authority	2
Reports to Parents	2
Total	12

DISTRIBUTION OF INTELLIGENCE, 1939 and 1940. (Where I.Q.'s available).

<i>Intelligence Quotients.</i>	<i>Cases Referred.</i>		<i>Cases Treated.</i>	
131 and above	...	4	...	4
121 — 130	...	11	...	10
111 — 120	...	13	...	12
101 — 110	...	22	...	18
91 — 100	...	28	...	27
81 — 90	...	17	...	14
71 — 80	...	10	...	6
70 and below	...	12	...	4
Average I.Q.	...	98	..	100

NUMBER OF INTERVIEWS, 1940.

(a) Dr. Bryan.					
Parents and Guardians	...	...	...	...	148
Children	...	...	...	...	157
Adults	...	...	...	...	2
(b) Mr. Whilde.					
I.Q.	...	...	...	...	71
Interviews	...	...	...	...	280
School visits	...	...	...	...	22
Investigation and Report	...	...	...	...	3
Parents	...	...	...	...	4
(c) Miss Traill.					
Playroom	...	...	...	...	1350
Home Visits	...	...	...	...	112
School Visits	...	...	...	...	54
Interviews	...	...	...	...	231

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.A.—*Routine Medical Inspections.*

Number of Inspections in the prescribed Groups.

Entrants	1045
Second Age Group	768
Third Age Group	817

Total	2630
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Number of other Routine Inspections	...	—
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Grand Total	...	2630
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B.—*Other Inspections.*

Number of Special and Re-Inspections	...	3377
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TABLE 2.

CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE ROUTINE
AGE GROUPS.

Age-Groups	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly Sub-normal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1045	38	3.63	926	88.61	80	7.65	1	0.09
Second Age-Group ...	768	37	4.81	660	85.93	71	9.24	—	—
Third Age-Group ...	817	53	6.48	655	80.17	109	13.34	—	—
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL ...	2630	128	4.86	2241	85.20	260	9.88	1	0.03

TABLE 3.

GROUP 1.—*Treatment of Minor Ailments* (excluding Un-
cleanliness, for which see Table 5).Total number of Defects treated or under treatment
during the year under the Authority's Scheme 3,119.

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments, Group 1).

	No. of Defects Dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint)	825	18	843
Other Defect or disease of the eyes (excluding those recorded in Group I.)	62	3	65
Total	887	21	908

	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were :—			
(a) Prescribed	335	15	350
(b) Obtained	287	25	312

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital. (1)	By Private Practitioner or Hospital apart from the Authority's Scheme. (2)		
33	8	2	43

TABLE 4—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist.

(a) Routine age-groups :—

Age 5	...	...	...	...	732
6	...	...	...	...	820
7	...	...	...	...	896
8	...	...	...	...	861
9	...	...	...	...	814
10	...	...	...	...	813
11	...	...	...	...	823
12	...	...	...	...	831
13	...	...	...	...	674
14	...	...	...	...	257
Total					7521

(b) Specials 268

(c) Routines and Specials 7789

(2) Number found to require treatment 4915

(3) Number actually treated 4076

(4) Attendances made by children for treatment... 4407

(5) Half-days devoted to :—

Inspection	...	...	...	...	49
Treatment	...	...	...	...	703

Total 752

(6) Fillings :—

Permanent Teeth	...	...	...	2990
Temporary Teeth	...	...	...	152

Total 3142

(7) Extractions :—

Permanent Teeth	...	...	...	1271
Temporary Teeth	...	...	...	4112

Total 5383

(8) Administrations of General Anaesthetics for
extractions —

(9) Other Operations :—

Permanent Teeth	...	...	...	717
Temporary Teeth	...	...	...	503

Total 1220

TABLE 5.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses ...	4
(2) Total number of examinations of children in the Schools by the School Nurses ...	30732
(3) Number of Individual Children found unclean	704
(4) Number of Individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ...	—
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ...	—
(b) Under School Attendance Bye-laws ...	—

TABLE VI.

BLIND AND DEAF CHILDREN.

	1. At a Public Elementary School.	2. At an institution other than a Special School.	3. At no School or Institution.	4. Total not receiving suitable education.
Blind Children ..	—	—	—	—
Deaf Children ...	1	—	2	3

At the end of 1940 there were 7 children receiving care in special residential schools.